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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 08/909,664 08/12/1997 PAT 6,264,470 *86*

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

08/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 20	TOTAL CLAIMS 116	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials				

ADDRESS

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TITLE

Apparatus and method for measuring the color of teeth

FILING FEE RECEIVED 1494	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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